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	Filing Date	01/23/2004
	First Named Inventor	Joon Park
	Title	Adhesive applicator
	Art Unit	
	Examiner Name	
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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<input checked="" type="checkbox"/> Firm or Individual Name	Joon Park		
Address	1320 Virginia Ave.		
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I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	Joon Park	Date	June 29, 2010
Name	Joon Park	Telephone	(818) 548-7810
Title and Company			

NOTICE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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